

SEPARATIONS
MENTAL ILLNESS, SUBSTANCE ABUSE,
MENTAL RETARDATION

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONCONTENTS

	<u>Page</u>
LEGAL BASE	1
DEFINITIONS	1
MENTALLY ILL - ALTERNATIVE PLACEMENT	2
Licensed Facility	3
Court Approved	3
Family, Guardian, Advocate Involvement	4
Patient Involvement	4
Six Month Evaluations	4
No Legal Settlement	5
MENTALLY ILL - LIMITED LEAVE	5
Notice to Court	6
No Legal Settlement	6
MENTALLY ILL - CONVALESCENT LEAVE	7
Notice to Court	7
No Legal Settlement	7
MENTALLY ILL - DISCHARGE VOLUNTARY	8
Written Request	8
Released Against Medical Advise	9
Parental Consent-Minor	9
Juvenile Court Approval	9
MENTALLY ILL - DISCHARGE INVOLUNTARY	10
Emergency	11
Immediate Custody	11
Court Ordered Evaluations	11
Mentally Incompetent Accused	12
SEPARATION FROM UNAUTHORIZED DEPARTURE	12
Voluntary Patient	12
Involuntary Patient	13
SUBSTANCE ABUSE - DISCHARGE VOLUNTARY	13
Minor or Incompetent	14
Unauthorized Departure	14

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONCONTENTS

	<u>Page</u>
SUBSTANCE ABUSE - DISCHARGE INVOLUNTARY	14
Unauthorized Departure	15
30 Day Commitment	16
90 Day Commitment	16
Intoxicated Person	17
Emergency Commitment	17
SUBSTANCE ABUSE - OMVUI	18
JUVENILE COURT - DISCHARGE - 30 DAY EVALUATION	18
Involuntary Commitment	19
OUT - PATIENT - DISCHARGE VOLUNTARY	19
No Patient Contact	19
OUT-PATIENT - DISCHARGE INVOLUNTARY	20
MENTALLY RETARDED - EXTENDED LEAVE	20
Placement Decision	21
Placement Review	21
Request for Placement Plan	22
Institution Placement Plan	22
No Placement Plan Available	23
Parent or Guardian Request	23
Placement Planning	24
Written Notice	25
Report to State Director	25
Appeal of Placement Plan - Hospital School, Local Office	26
Appeal of Decision - Parent, Guardian, Advocate	26
Notice to County Board of Supervisors	27
Notice to Clerk of Court	27
Placement Supervision	28
Placement Payment- No Legal Settlement	28
MENTALLY RETARDED - LIMITED LEAVE	29
MENTALLY RETARDED - DISCHARGE	29
Voluntary Minor	29
Voluntary Adult by Guardian	30
Voluntary Adult Person Who Signed the Application	30
Voluntary Adult - Self Request	31
Discharge From Extended Leave	32
Petition for Discharge From Commitment	33
Court Order	34

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONCONTENTS

	<u>Page</u>
DEATHS - MENTALLY ILL - MENTALLY RETARDED	34
Notice Given	34
Notice By Certified Mail	35
Investigation By Medical Examiner	35

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATION

This chapter covers the policy and procedures for the release or placement of individuals from the mental health institutes or the hospital-schools.

Persons requiring treatment and care for mental illness or mental retardation have the right to be treated or cared for in the least restrictive setting available and appropriate for their needs. Planning for release or placement from the institution begins on the day of admission. The institution has a responsibility to release or place on leave a person as soon as possible. This requires working with other community resources and following-up for a reasonable period of time once the person leaves the institution.

LEGAL BASE

The laws governing release and placement on leave are found in the following legal documents:

- A. Chapter 125, Code of Iowa
- B. Chapter 217, Code of Iowa
- C. Chapter 218, Code of Iowa
- D. Chapter 222, Code of Iowa
- E. Chapter 227, Code of Iowa
- F. Chapter 229, Code of Iowa
- G. Chapter 232, Code of Iowa

DEFINITIONS

Alternative Placement (MHI) - The Court approved separation of an involuntary mental patient from an MHI to a non-hospital facility (CCF, RCF, ICF) for full-time custody and care and there is no planned return to resident status. The MHI continues to be responsible for legally required evaluations of the patient and reports to the Court. Responsibility continues until either commitment proceedings are terminated or reporting responsibility is transferred to another agency.

Convalescent Leave (MHI) - The Court approved separation of an involuntary mental patient who does not require full-time custody and care from the hospital for a period not to exceed one year. Patient lives in the community under the supervision of a sponsor and there is no planned return to resident status. The MHI continues to be responsible for recommending termination to commitment proceedings to the Court.

Limited Leave (MHI) or (SHS) - A predetermined short term absence from the hospital of 8 through 29 days with a set date for return to resident status. Leave is not renewable. At the end of the leave, the patient either returns to the hospital, is separated or placed on unauthorized departure.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONDEFINITIONS (Cont'd)

Separation - The patient physically leaves the hospital to either alternative placement or convalescent leave.

Extended Leave - The separation of a hospital-school resident to a living arrangement in the community with the intent that the resident will not return and will be eventually discharged. The hospital-school is responsible for at least yearly review of the placement until the resident is discharged.

Discharge - All legal responsibility of the mental health institute or the hospital-school is terminated.

MENTALLY ILL - ALTERNATIVE PLACEMENT*Policy*

When the hospital's chief medical officer determines that an involuntary patient has reached maximum benefit from hospitalization, is unable to return to independent living, continues to be seriously mentally ill/impaired and requires continued care, the hospital shall place that person into the least restrictive setting possible.

Comment

Some patients suffer from conditions that are long term in nature and cannot be improved by continued hospitalization. The hospital is responsible for placing or seeing that the placement is made in a facility that can appropriately meet the needs of these people on a long term basis. Placement plans must be developed jointly with the patient, his or her family and local community agencies. The primary local agencies are the community mental health centers and the local offices of the Department.

Pertinent Legal Reference: Sections 229.14(4), 229.15(4), 227.11, Code of Iowa

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - ALTERNATIVE PLACEMENT (Cont'd)*Procedure*

The hospital treatment team recommends alternative placement and referral is made to the placement facility.

Licensed Facility*Policy*

Alternative placements shall be made only in facilities that are licensed or certified by the Department of Health or the Department of Social Services.

Comment

Most placements will be in facilities licensed under Chapter 135C, Code of Iowa. These include county care facilities, residential care facilities, or intermediate care facilities. For the protection of the patient, the facility must meet the appropriate level of licensure to meet the patient's care and treatment needs.

Court Approved*Policy*

An alternative placement will be made only with the approval of the court which committed the person to the hospital.

Comment

The court of commitment is still responsible for what happens to the patient. The court, on recommendation of the patient's attorney or advocate, has the authority to deny the placement or make another placement.

Pertinent legal reference: Section 229.14(4), Code of Iowa.

Procedure

Notice is given to the committing court using Supreme Court forms 18, 15 Day Report, 18a, 30-60 Day Reports or 18c, 6 Month Report. Two copies of this report are sent to the clerk of court's office, one for the court and one for the patient's attorney or advocate. Form MH-5202-0, Subsequent History is prepared. One copy is sent to the auditor of the county of legal settlement.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - ALTERNATIVE PLACEMENT (Cont'd)Family, Guardian, Advocate Involvement*Policy*

The patient's advocate, family and/or guardian shall be involved as much as possible in the decisions and planning related to the alternative placement.

Comment

Community and family support systems are important to successful planning. They are also important in helping assure that the patient's rights are protected.

Pertinent Legal Reference: Sections 229.15(4), 229.23(3), Code of Iowa.

Patient Involvement*Policy*

The patient shall be involved in the planning for the placement and give consent to the release of information to the placement facility and any other community agencies who will be involved in the planning.

Comment

The patient is the key person to involve in the planning. Even patients who may be disoriented should be involved to the fullest.

Pertinent Legal Reference: Section 229.23(3), Code of Iowa.

Procedure

The patient consents to the release of information by signing form MH-2201-0, Release of Information. The form shall also be signed by the patient's responsible relative, if the patient is an incompetent patient and a guardian or parent, if the patient is a minor.

Six Month Evaluations*Policy*

All involuntary patients placed in alternative placements shall be evaluated by a hospital employed psychiatrist once every six months or, with the approval of the committing court, once per year to determine the continued need for commitment, needed changes in programming and need for continuation of medication. The results of this evaluation shall be reported to the court of commitment.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - ALTERNATIVE PLACEMENT (Cont'd)Six Month Evaluations (Cont'd)*Comment*

A person on alternative placement is still the responsibility of the placing hospital. These evaluations assure that the hospital carries out its responsibility in seeing that the patient's needs are met and that the patient remains under commitment no longer than necessary.

Pertinent legal reference: Section 227.2, 229.15(3), Code of Iowa.

Procedure

This report is made using Form 18c, Six Month Report, as required by the State Supreme Court. Copies of the report are sent to the Clerk of District Court, one for the judge, and one for the attorney or advocate, the state director, the county board of supervisors in instances of placement in county care facilities only and the administrator of the facility.

No Legal Settlement*Policy*

Patients placed in alternative placements who have no county of legal settlement liable for the cost of care and who have no other means of support shall be placed at the expense of the placing hospital.

Comment

Most persons either will have a county of legal settlement, or will be eligible for SSI/State Supplement, Social Security or Medicaid. When there is no county of legal settlement and the patient is not eligible for any other financial support program, the hospital is responsible until other sources of funding are found.

Pertinent Legal Reference: Section 230.32, Code of Iowa.

MENTALLY ILL - LIMITED LEAVE*Policy*

The Chief Medical Officer may grant limited leave to a patient when it is determined by the clinical staff that such a leave would be an appropriate part of treatment.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - LIMITED LEAVE (Cont'd)*Comment*

Limited leave enables the patient to experience a trial visit back in the community or in a different facility. An involuntary patient remains committed to the hospital so no further legal action is necessary for the patient to return.

Pertinent legal reference: Section 229.15(4), Code of Iowa.

Notice to Court*Policy*

When limited leave is granted to an involuntary patient, notice shall be given to the court of commitment. The notice shall be mailed no later than the day after the patient is placed on leave.

Comment

The Code requires that notice be given. The patient's attorney or advocate may ask the court to hold a hearing on the placement.

Pertinent legal reference: Section 229.15(4), Code of Iowa.

Procedure

Notice is given to the committing court using Supreme Court forms 18, 15 Day Report, 18a, 30-60 Day Reports or 18c, 6 Month Report. Two copies of this report are sent to the clerk of court's office, one for the court and one for the patient's attorney or advocate. Form MH-5202-0, Subsequent History is prepared. One copy is sent to the auditor of the county of legal settlement.

No Legal Settlement*Policy*

Patients placed on limited leave who have no county of legal settlement liable for the cost of care and who have no other means of support shall be placed at the expense of the placing hospital.

Comment

The hospital is temporarily obligated until other sources of funding are available.

Pertinent legal reference: Section 230.32, Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - CONVALESCENT LEAVE*Policy*

The chief medical officer may grant convalescent leave to an involuntary patient when it is determined by the clinical staff that such leave would be an appropriate part of treatment.

Comment

Convalescent leave is used for patients as an interim status between inpatient treatment and termination of the commitment. The patient, while placed in the community or other facility, is still under commitment to the hospital.

Pertinent legal reference: Sections 226.23 and 229.15(4), Code of Iowa.

Notice to Court*Policy*

When convalescent leave is granted, notice shall be given to the court of commitment. The notice shall be mailed no later than the day after the patient is placed on leave.

Comment

The Code requires that notice be given. The patient's attorney or advocate may ask the court to hold a hearing on the placement.

Pertinent legal reference: Section 229.15(4), Code of Iowa.

Procedure

Notice is given to the committing court using Supreme Court forms 18, 15 Day Report, 18a, 30-60 Day Reports, or 18c, 6 Month Report. Two copies of this report are sent to the clerk of court's office, one for the court and one for the patient's attorney or advocate. Form MH-5202-0, Subsequent History is prepared. One copy is sent to the auditor of the county of legal settlement.

No Legal Settlement*Policy*

Patients placed on convalescent leave who have no county of legal settlement liable for the cost of care and who have no other means of support shall be placed at the expense of the placing hospital.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - CONVALESCENT LEAVE (cont'd)No Legal Settlement (cont'd)*Comment*

Placements at institutional expense are for only a temporary period until other funding sources are found.

Pertinent legal reference: Section 230.32, Code of Iowa.

MENTALLY ILL - DISCHARGE VOLUNTARY*Policy*

A voluntary patient who has recovered, or requests release or whose hospitalization the chief medical officer determines is no longer advisable shall be discharged.

Comment

Patients should not be retained in the hospital any longer than necessary. Voluntary patients who are not cooperating in the treatment process or are not benefiting from treatment may be discharged. Voluntary patients who request release cannot be detained without an involuntary proceeding begun.

Pertinent legal reference: Section 226.32, 229.3, Code of Iowa.

Written Request*Policy*

A voluntary patient shall be discharged when a request is submitted in writing by the patient's guardian, parent, spouse or adult next of kin unless the patient was admitted on his/her own request and then the discharge shall be conditioned upon the patient's agreement.

Comment

Someone other than the patient may request the patient's discharge. The patient has the right to remain hospitalized if they wish. The decision rests with the patient.

Pertinent legal reference: Section 229.4(1), Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - DISCHARGE VOLUNTARY (cont'd)Written Request (cont'd)*Procedure*

The clerk and auditor of the county of legal settlement are notified by use of form MH-5202-0, Subsequent History.

Released Against Medical Advise*Policy*

A voluntary patient who leaves against the advice of the hospital physician shall be informed that they are leaving against medical advice. This notice shall be documented in the patient's care record.

Comment

The hospital has an obligation to let the patient and family know when it is in their best interest to remain in the hospital. The patient will be asked to sign written acknowledgment stating they are leaving against medical advice.

Parental Consent-Minor*Policy*

A minor, admitted upon the application of his/her parent or guardian, shall not be discharged without the consent of the parent or guardian who signed the application.

Comment

A minor admitted by a parent or guardian cannot be discharged at their own request.

Pertinent legal reference: Section 229.4(2), Code of Iowa.

Juvenile Court Approval*Policy*

A minor admitted upon the approval of the juvenile court, shall not be discharged without the approval of the juvenile court that approved the admission.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - DISCHARGE VOLUNTARY (Cont'd)Juvenile Court Approval (Cont'd)*Comment*

The court has the authority to determine whether the minor should be discharged.

Pertinent legal reference: Section 229.4(2), Code of Iowa.

Procedure

The clerk and auditor of the county of legal settlement are notified by use of form MH-5202-0, Subsequent History.

MENTALLY ILL - DISCHARGE INVOLUNTARY*Policy*

When in the opinion of the chief medical officer of the hospital, an involuntary patient no longer requires treatment or care for a serious mental impairment, the patient shall be tentatively discharged and a report shall be sent to the committing court recommending termination of proceedings.

The court has the final authority in terminating proceedings. The hospital can release the patient, but the discharge is not final until the court has issued an order.

Pertinent legal reference: Section 229.16, Code of Iowa.

Procedure

Notice is given to the committing court using Supreme Court forms 18, 15 Day Report, 18a, 30-60 Day Reports or 18c, 6 Month Report. Two copies of this report are sent to the clerk of court's office, one for the court and one for the patient's attorney or advocate. Form MH-5202-0, Subsequent History is prepared and one copy is sent to the auditor of the county of legal settlement.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - DISCHARGE INVOLUNTARY (Cont'd)Emergency*Policy*

When a person has been admitted under emergency procedures and an application has not been filed for the person's involuntary hospitalization, the person shall be discharged no later than forty-eight hours, excluding Saturdays, Sundays, and holidays, after admission.

Comment

A person cannot be held without proper legal action.

Pertinent legal reference: Section 229.22(4), Code of Iowa.

Immediate Custody*Policy*

When a person has been admitted upon court order for immediate custody, the person shall be discharged when the court determines that the person is not seriously mentally impaired and the commitment proceedings are terminated.

Comment

The court can order immediate custody prior to a commitment hearing. If the court at the hearing determines the person is not seriously mentally impaired then the person must be discharged.

Pertinent legal reference: Section 229.11 and .12(4), Code of Iowa.

Court Ordered Evaluations*Policy*

A person admitted for evaluation upon Order of the District Court, shall be discharged only at the direction of that Court.

Comment

District Courts may send a person charged with a civil or criminal offense to the hospital for evaluation. The court determines when the person is to be released from the hospital. Usually, the person will be picked up by a sheriff. Once it is determined the court will not return the person, the discharge is issued.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY ILL - DISCHARGE INVOLUNTARY (Cont'd)Court Ordered Evaluations (cont'd)

Pertinent legal reference: Sections 812.4 and 5, Code of Iowa.

Mentally Incompetent Accused*Policy*

A person committed to the custody of the Department as mentally incompetent to stand trial and placed at a mental health institution at the direction of the Commissioner shall be discharged when either the Commissioner directs the person to be placed in another Department facility or the court of commitment orders the person returned to trial.

Comment

Under Section 812.4, Code of Iowa, a judge may order that a person be committed to the Department when they are incompetent to stand trial. The Commissioner determines where the person will be held and that institution is responsible for holding that person until the Commissioner or court directs otherwise.

Pertinent legal reference: Section 812.4, Code of Iowa

Procedure

The institution submits a written report to the court when it is believed the person is competent to stand trial or at the end of 6 months, whichever is sooner.

SEPARATION FROM UNAUTHORIZED DEPARTUREVoluntary Patient

A voluntary patient on unauthorized departure shall be discharged the day following their departure from the hospital unless the chief medical officer files a certification for involuntary (see 229.4(3)).

Comment

Voluntary patients can leave at any time they choose. There is no reason to keep a person on the hospital rolls once they have left.

Pertinent legal reference: Sections 229.4(1) and (3), Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONSEPARATION FROM UNAUTHORIZED DEPARTURE (Cont'd)Voluntary Patient (Cont'd)*Procedure*

The clerk of court and auditor of the county of legal settlement are notified using form MH-5202-0, Subsequent History.

Involuntary Patient*Policy*

An involuntary patient on unauthorized departure shall be discharged only after ordered such by the court.

Comment

Other involuntary patients can be tentatively discharged prior to the final order of the court. Patients on unauthorized departure are not discharged until after the court has issued an order.

Procedure

Notice is given to the committing court using Supreme Court forms 18, 15 Day Report, 18a, 30-60 Day Report or 18c, 6 Month Report. Two copies of this report are sent to the clerk of court's office, one for the court and one for the patient's attorney or advocate. Form MH-5202-0, Subsequent History is prepared. One copy is sent to the auditor of the county of legal settlement.

SUBSTANCE ABUSE - DISCHARGE VOLUNTARY*Policy*

A person voluntarily admitted to a hospital for treatment of substance abuse shall be discharged upon completion of treatment or at anytime earlier upon the patients request.

Comment

There is no legal basis for detaining a voluntary patient. The hospital staff can encourage the patient to consent to outpatient or other intermediate treatment and assist in arranging any such service the patient would want.

Pertinent legal reference: Section 125.33, Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONSUBSTANCE ABUSER - DISCHARGE VOLUNTARY (Cont'd)*Procedure*

The auditor of the county of legal settlement is notified by use of form MH-5202-0, Subsequent History.

Minor or Incompetent*Policy*

If the patient seeking separation is a minor or an incompetent and the patient was admitted at the request of his or her parent, legal guardian or other legal representative, the request shall be made by the person who requested admission.

Comment

If the minor or incompetent was admitted upon their own request, they are treated as any other voluntary person.

Pertinent legal reference: Section 125.33(5), Code of Iowa.

Unauthorized Departure*Policy*

A voluntary patient on unauthorized departure shall be discharged the day after their departure from the institution.

Comment

There is no reason nor authority to keep a voluntary patient on the hospital roles once they have left.

Pertinent legal reference: Section 125.33, Code of Iowa.

SUBSTANCE ABUSE - DISCHARGE INVOLUNTARY*Policy*

A person involuntarily committed shall be discharged at any time before the end of the period of commitment when it has been determined that the person is no longer a substance abuser or the likelihood no longer exists.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONSUBSTANCE ABUSE - DISCHARGE INVOLUNTARY (cont'd)*Comment*

Substance abuse commitments are for set periods of either 30 or 90 days. The hospital does not have to wait the full commitment period to discharge a person if treatment is no longer needed.

Pertinent legal reference: Section 229.53, Code of Iowa.

Procedure

Notice of discharge is given using form MH-5202-0, Subsequent History. One copy is sent to the Auditor of the county of legal settlement and one copy is placed in the patient's file.

Unauthorized Departure*Policy*

An involuntary patient on unauthorized departure shall be discharged after it has been determined that either, (1) the person cannot be located, (2) the person has been located but does not need to be returned, or (3) has received maximum hospital benefits at this time.

Comment

The hospital has some latitude in determining whether the person should be discharged. The decision is based on individual case facts, whether the person can be located and if returned would benefit from further treatment.

Pertinent legal reference: Section 229.53(3), Code of Iowa.

Procedure

Notice of discharge is given using form MH-5202-0, Subsequent History. One copy is sent to the Auditor of the county of legal settlement and one copy is placed in the patient's file. Written notice is also given to the court including a statement as to whether the patient was discharged or if the commitment should continue.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONSUBSTANCE ABUSE - DISCHARGE INVOLUNTARY (cont'd)30 Day Commitment*Policy*

A person involuntarily committed for 30 days shall be discharged at the end of 30 days unless sooner discharged or unless the superintendent, prior to the end of the period, petitions the court for an order of recommitment.

Comment

Once the term of the commitment expires, the person must be released unless recommitted by the court.

Pertinent legal reference: Section 229.52(3), Code of Iowa.

Procedure

Notice of discharge is given using form MH-5202-0, Subsequent History. One copy is sent to the Auditor of the county of legal settlement and one copy is placed in the patient's file.

90 Day Commitment*Policy*

A person involuntarily recommitted to the hospital for 90 days, shall be discharged at the end of that period unless sooner discharged or unless the superintendent, prior to the end of the period, petitions the court for an order of recommitment.

Comment

The court can recommit a person for as may 90 day periods as necessary. The hospital cannot detain anyone beyond a 90 day period without court approval.

Pertinent legal reference: Section 229.52(3), Code of Iowa.

Procedure

Notice of discharge is given using form MH-5202-0, Subsequent History. One copy is sent to the auditor of the county of legal settlement and one copy is placed in the patient's file.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONSUBSTANCE ABUSE - DISCHARGE INVOLUNTARY (Cont'd)Intoxicated Person*Policy*

Any person admitted as an intoxicated person shall be discharged as soon as the chief medical officer determines that the person is no longer likely to inflict physical self harm or physical harm on others.

Comment

The Code permits emergency admission of a person who is so intoxicated he or she is likely to do self harm or harm others. Once that condition no longer exists, the person must be discharged unless they voluntarily admit themselves or proceedings are started to commit the person.

Pertinent legal reference: Section 125.34(4), Code of Iowa.

Procedure

Notice of discharge is given using form MH-5202-0, Subsequent History. One copy is sent to the auditor of the county of legal settlement and one copy is placed in the patient's file.

Emergency Commitment*Policy*

A person committed to a hospital on an emergency basis shall be discharged as soon as the grounds for commitment no longer exist or at the end of five days unless a petition for involuntary commitment is filed within the five days. After filing a petition, the person may be returned for up to ten days from the filing. The person shall be discharged at the end of the ten days unless the court has ordered the person committed.

Comment

A patient cannot be held longer without court approval.

Pertinent legal reference: Section 125.35(5), Code of Iowa.

Procedure

Notice of discharge is given using form MH-5202-0, Subsequent History. One copy is sent to the auditor of the county of legal settlement and one copy is placed in the patient's record.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONSUBSTANCE ABUSE - OMVUI*Policy*

A person convicted of operating a vehicle while under the influence of an alcoholic beverage and ordered to the hospital for treatment, shall be discharged on the date specified in the order or if discharge is left to discretion of the facility, the person shall be discharged when the chief medical officer determines that the person is no longer a substance abuser or the likelihood no longer exists.

Comment

The court has to specify how the person's discharge will be handled.

Pertinent legal reference: Section 321.281(3), Code of Iowa.

Procedure

Notice of discharge is given using form MH-5202-0, Subsequent History. One copy is sent to the Auditor of the county of legal settlement and one copy is placed in the patient's file.

JUVENILE COURT - DISCHARGE - 30 DAY EVALUATION*Policy*

A minor placed at a hospital by the Juvenile Court for a 30 day evaluation shall be discharged from the hospital no later than the 30th day unless commitment proceedings as a mentally ill person are started sooner.

Comment

There is no legal basis for keeping the minor beyond the 30 days, unless commitment proceedings under Chapter 229 are started. Any stay beyond the 30 days has to be in conformance with Chapter 229.

Pertinent legal reference: Section 232.49 and .98, Code of Iowa.

Procedure

Notice of the discharge is given by using form MH-5202-0, Subsequent History. One copy is sent to the Auditor of the County in which the Juvenile Court action took place and one copy to Auditor of the county of legal settlement (if different).

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONJUVENILE COURT - DISCHARGE - 30 DAY EVALUATION (Cont'd)Involuntary Commitment*Policy*

A discharge of a minor involuntarily committed to the hospital shall follow the policies promulgated for mentally ill - involuntary commitment.

Comment

A Juvenile Court action to involuntarily commit a minor is an action under Chapter 229. The policies covering a commitment under that Chapter would apply.

Pertinent legal reference: Section 232.51, Code of Iowa.

OUT - PATIENT - DISCHARGE VOLUNTARY*Policy*

A voluntary out-patient shall be discharged when recovered, when the chief medical officer determines that treatment is no longer advisable or when appropriate out-patient services are available to the person in their home community.

Comment

Out-patient services at the community level should be used when available.

Procedure

Notice is given by use of form MH-5202-0, Subsequent History. One copy is sent to the Auditor of the county of legal settlement and one copy is placed in the patient's record.

No Patient Contact*Policy*

A voluntary out-patient who has not been in contact with the hospital for 3 months shall be discharged unless the treatment plan for the patient provides for contacts at a longer period in which case the patient shall be discharged 3 months after the last contact called for in the plan when the patient fails to keep the appointment.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONOUT-PATIENT - DISCHARGE VOLUNTARY (Cont'd)No Patient Contact (Cont'd)*Comment*

Out-patient cases are not to be kept open indefinitely. This policy sets time limitations when the patient fails to keep appointments.

OUT-PATIENT - DISCHARGE INVOLUNTARY*Policy*

When the chief medical officer determines that the patient no longer requires treatment, the patient shall be tentatively discharged. This is reported to the committing court.

Comment

Final discharge cannot be made until the court issues such an order.

Pertinent legal references: Section 229.16, Code of Iowa.

Procedure

Notice is given to the committing court using Supreme Court form 18b, Outpatient Report. Two copies of this report are sent to the Clerk of Court's Office, one for the court and one for the patient's attorney or advocate. Form MH-5202-0, Subsequent History is prepared and one copy is sent to the auditor of the county of legal settlement.

MENTALLY RETARDED - EXTENDED LEAVE*Policy*

The superintendent of a hospital-school shall place any resident of the hospital-school on extended leave into an available local community placement who:

1. Is unlikely to benefit from further treatment, training or care at the hospital-school, or,
2. Is likely to improve his or her life status by placement, or,
3. Is likely to receive care and treatment equal to that provided by the hospital-school, or,
4. Is likely to receive care and treatment appropriate to his or her needs as specified in a diagnostic evaluation.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)*Comment*

The principles of normalization and least restrictive setting require that whenever possible, residents of the hospital-schools be placed in less restrictive and more normalizing local community facilities and programs as soon as appropriate treatment and care is available. This policy applies to both voluntary and committed residents.

Pertinent legal reference: Section 222.59(1), Code of Iowa.

Placement Decision*Policy*

Every placement decision shall be the result of a placement planning process involving the resident, the resident's institution treatment team, the resident's parents or guardian or advocate and the resident's assigned social worker from a local office of the department.

Comment

The resident's needs are best served by involving all the key persons in the decision to place. The institution is responsible for bringing the resident's development to a level where community placement is possible. The local social worker is responsible for developing the specific placement plan in local community. The relatives are responsible to provide support to the resident and to monitor the agencies actions. No placement is to take place unless at a minimum, these key persons have been involved and made part of the process. An advocate is appointed where a parent or guardian is not available to participate.

Pertinent legal reference: Section 222.59(1) and (2), Code of Iowa.

Placement Review*Policy*

Each resident of a hospital-school shall be reviewed for possible placement on extended leave no less than annually.

Comment

The review is done jointly by the resident's treatment team in the hospital, the resident's local social worker and the resident's parent or guardian. The review looks at the resident's treatment

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Review (Cont'd)

Comment (cont'd)

needs and the availability of community resources to meet those needs. If a resident does not have an assigned local social worker, a referral is made to the Division of Field Operations who will make an assignment.

Pertinent legal reference: Section 222.59(1), Code of Iowa.

Request for Placement Plan

Policy

At the time of each review a written request for a placement plan proposal shall be sent from the hospital-school to the local social worker.

Comment

This is a request to the local social worker to provide a proposed plan for placement of the resident. Primary responsibility for developing a community placement plan rests with the local social worker and they are to be given every opportunity to develop plans. The resident, parent, or guardian shall be involved in all stages of the development.

Pertinent legal reference: Section 222.59(1), Code of Iowa.

Procedure

The request is made either by memo or by telephone to the local social worker. He/she is asked to respond either proposing a plan or stating that no plan is currently available. The response is documented in the residents case record.

Institution Placement Plan

Policy

When the institution's treatment team has determined a resident is ready for placement and the local worker offers no plan the institution may offer a plan to the local worker.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Review (Cont'd)Institution Placement Plan (Cont'd)*Comment*

The institution may have knowledge of a possible plan. Because primary responsibility for the placement plan rests with the local worker, the institution makes a referral so the local worker can determine the appropriateness of the plan and then finalize and implement it.

Pertinent legal reference: Section 222.59(1), Code of Iowa.

No Placement Plan Available*Policy*

Written notice shall be given to the state director when the hospital-school treatment team determines a resident is ready for placement, the annual out placement review process has been completed and it has been determined that no placement plan is available.

Comment

The state director has a responsibility to determine which residents are not able to leave the hospital-schools, the reasons why and which local services are not available. This information serves as a basis for planning the services and supports needed to enable residents to move out.

Pertinent legal reference: Section 222.59, Code of Iowa.

Procedure

Notice is given by written memo to the state director outlining what planning attempts have been made with a copy of treatment teams evaluation and recommendation.

Parent or Guardian Request*Policy*

A parent or guardian may request the superintendent to initiate a review of a resident for possible placement.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Review (Cont'd)Parent or Guardian Request (Cont'd)*Comment*

A parent or guardian of a voluntary resident under the provisions of Section 222.15, Code of Iowa, can have the resident discharged directly to them. Permitting them to request the superintendent to review the resident for placement, allows planning for release in a more orderly fashion.

Pertinent legal reference: Section 222.59(1), Code of Iowa.

Procedure

The request is submitted to the superintendent in writing. Within 30 days of receipt, the superintendent shall initiate the review.

Placement Planning*Policy*

The superintendent shall direct the hospital-school staff to either implement a placement plan, (1) developed as a result of a placement review, (2) a placement plan submitted by a parent or guardian or (3) a placement plan submitted by the resident's local social worker or, (4) provide in writing to the person why the plan is not acceptable and changes would be needed to make it so.

Comment

Placement plans can be proposed internally by the hospital-school staff or externally by a parent, guardian or social worker. In any event, the superintendent is responsible to work toward implementation of the plan or explain what changes need to be made for the plan to be acceptable.

Pertinent legal reference: Section 222.59(1), Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Review (Cont'd)Written Notice*Policy*

Prior to the implementation of a specific placement plan, notice of the proposed placement shall be given in writing to the resident's parent or legal guardian. If the resident has no living parent and no guardian then the superintendent shall request the appointment of an advocate. An advocate shall also be appointed if the parents are unavailable, unable to represent the resident because of a physical or mental disability or have demonstrated a lack of interest.

Comment

The resident needs to be represented by someone other than the department or the facility involved in the proposed placement. The person appointed must meet the requirements of the Code. A department employee cannot be appointed.

Pertinent legal reference: Section 222.59(2), Code of Iowa.

Procedure

Notice is given by the hospital-school by letter. The notice shall state the type of placement proposed, the proposed date of placement and the parent's, guardian's or advocate's right to appeal any such decision to the state director.

Report to State Director*Policy*

All proposed placements shall be reported by the hospital-school to the state director. The state director shall approve, modify, alter, or rescind the proposed placement. The superintendent shall state his or her approval or disapproval of the plan.

Comment

The state director has authority over the superintendents on decisions of whether to place someone outside the hospital-school.

Pertinent legal reference: Section 222.59(3), Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Review (Cont'd)Report to State Director (Cont'd)*Procedure*

The state directors decision is obtained by using form MR-1402-0 Resident Placement Approval Request.

Appeal of Placement Plan - Hospital School, Local Office*Policy*

At any time a hospital-school or a local social service office believes the other is either not cooperating in the development or implementation of a plan for placement for a resident, a written appeal shall be made to the state director for resolution of the dispute.

Comment

Conflict and disagreement should be resolved at the local level whenever possible. When resolution has not been reached, this provides a process for administrative action by the state director.

Pertinent legal reference: Section 222.59(3), Code of Iowa.

Procedure

The appeal is sent to the state director by memo outlining the facts of the case, the area of disagreement and the attempts that have been made to resolve the disagreement. One copy is sent to the Director of Field Operations and one copy to either the hospital-school or the local office, depending upon which is filing the appeal.

Appeal of Decision - Parent, Guardian, Advocate*Policy*

Should the resident's parent, guardian or advocate wish to protest the state director's decision, they may file an appeal with the Appeals and Fair Hearings Section of the Department within 30 days after notification has been given. No action on the state director's decision shall be taken pending the outcome of such an appeal.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Review (Cont'd)Appeal of Decision - Parent, Guardian, Advocate (Cont'd)*Comment*

The decision is open for administrative review through normal channels within the Department. An appeals decision is also subject to court review.

Pertinent legal reference: Section 222.59(4), Code of Iowa.

Procedure

An appeal must be filed in writing to the Appeals and Fair Hearings Section.

Notice to County Board of Supervisors*Policy*

Prior to the time any specific placement plans are initiated, notice of the proposed placement shall be given in writing by the hospital school to the county board of supervisors of the residents county of legal settlement.

Comment

The board may not change a placement or program but may propose an alternative placement or program in the same manner that the hospital-schools propose placements.

Pertinent legal reference: Section 222.59(6), Code of Iowa.

Notice to Clerk of Court*Policy*

When the resident to be placed is court committed, the hospital-school shall give notice of the proposed placement to the clerk of the committing court at least 30 days in advance of the placement. Placement may be made within the 30 days if the placement plan could not otherwise be implemented. In such case, the court shall be contacted by telephone and informed of the reasons for the early placement.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Review (Cont'd)Notice to Clerk of Court (Cont'd)*Comment*

The court still retains jurisdiction and, therefore, must be informed.

Pertinent legal reference: Section 222.59(7), Code of Iowa.

Placement Supervision*Policy*

A resident on extended leave and not discharged from the hospital-school shall have their placement reviewed by the hospital-school at least:

1. Once per month for the first three months of placement.
2. At least once during the next three months of placement.
3. At least once during the second six months of placement.
4. At least once per year thereafter.

Comment

The local social worker has day to day responsibility for supervising the placement. The hospital-school still has a responsibility to follow-up and coordinate with the local worker to assure continued appropriate treatment of the individual.

Pertinent legal reference: Section 222.59(5), Code of Iowa.

Procedure

These reviews may be done by either an on site visit or by telephone contact with the residents local social worker. One of the reviews in the first six months of placement, shall be on site.

Placement Payment- No Legal Settlement*Policy*

Residents shall not be denied extended leave based on a lack of funding because the resident has no county of legal settlement. If

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - EXTENDED LEAVE (Cont'd)Placement Payment- No Legal Settlement (Cont'd)*Policy* (cont'd)

no other funding source is available, the hospital-school shall fund the placement from its funds.

Comment

There are several methods for funding community placements, (e.g. SSI, Social Security, State Supplements, Title XX, Title XIX, or County funds.) There will be a few individuals who are not eligible for the usual funding streams. For those individuals without a county of legal settlement, and no other funding sources, the hospital-school has the obligation to pay. Residents are not to be retained in the hospital-school because of the lack of funding.

Pertinent legal reference: Sections 222.77 and 222.60(2), Code of Iowa.

MENTALLY RETARDED - LIMITED LEAVE*Policy*

The hospital-school superintendent may grant limited leave to a resident when it is determined by the clinical staff that such a leave would be an appropriate part of treatment.

Comment

Limited leave enables the resident to visit family or experience a trial visit back in the community or visit a different facility or can be used whenever the resident's interests can be served through a temporary period outside the institution. The leave is granted with the expectation that the resident will return to the hospital school. When the person returns, they can be readmitted without going through the application process. The placing hospital-school is responsible to provide appropriate supervision.

MENTALLY RETARDED - DISCHARGEVoluntary Minor*Policy*

A parent, guardian or other person responsible for the voluntary admission

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - DISCHARGE (Cont'd)Voluntary Minor (Cont'd)*Policy* (cont'd)

who is the legal custodian of a minor voluntarily admitted to a hospital-school may give written notice requesting discharge of the minor. The superintendent, upon receipt of such notice, shall discharge the minor no later than 10 days after receipt of the notice.

Comment

The person who is legally responsible for a minor has the authority and responsibility to determine where the minor shall live. The superintendent's only alternative to discharge is to seek a change in legal custody or an order committing the minor to the hospital-school. This applies to both residents within the institutions and persons on out placement.

Pertinent legal reference: Section 222.15, Code of Iowa.

Voluntary Adult by Guardian*Policy*

The court appointed guardian of an adult voluntarily admitted to a hospital-school may give written notice requesting discharge of the adult resident. The superintendent, upon receipt of such notice, shall discharge the adult no later than 10 days after receipt of the notice.

Comment

The legal guardian of an adult has the authority and responsibility to determine where that person will live. The superintendent's only alternative to discharge is to seek a change in guardianship or an order committing the person to the hospital-school. This applies to both residents within the institution and persons on out placement.

Pertinent legal reference: Section 222.15, Code of Iowa.

Voluntary Adult Person Who Signed the Application*Policy*

The parent, guardian or other responsible person who made application.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - DISCHARGE (Cont'd)Voluntary Adult Person Who Signed the Application (Cont'd)*Policy* (cont'd)

For admission to the board of supervisors, may give written notice requesting discharge of the adult resident. The superintendent shall discharge the resident within 10 days after receipt of the notice or initiate action in the District Court seeking commitment or the establishment of or a change in guardianship.

Comment

The requests will be honored unless the superintendent believes the safety and well being of the resident would be in danger. In such a case, the court will be asked to intervene for the protection of the resident.

Pertinent legal reference: Section 222.15, Code of Iowa.

Voluntary Adult - Self Request*Policy*

An adult resident, voluntarily admitted to a hospital-school, who has no guardian may give written notice requesting their discharge. The superintendent, upon the receipt of such notice, shall discharge the person no later than 10 days after receipt of the notice.

Comment

An adult resident of a hospital-school cannot have their rights as a citizen limited by any person other than a court. If the superintendent believes the person is not competent, legal proceedings can be started to establish a guardian or to commit the person. This applies to residents within the institutions and persons on placement.

A person wishing to file written notice may be assisted by an interested person in preparing the notice.

Pertinent legal reference: Section 222.15, Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - DISCHARGE (Cont'd)Discharge From Extended Leave*Policy*

A person who has been on extended leave for one consecutive year, unless discharged sooner, shall be discharged at the end of the one year period unless:

1. The person is being financially supported by the hospital-school and there would be no alternative to paying the cost of care, or:
2. The local social worker requests a delay because the person placed is still in need of the hospital-schools specialized services or professional staff.

Comment

A person placed in the community should be the primary responsibility of the community. Continued institutional involvement longer than necessary abridges the community responsibility and results in duplication of effort. A one year period of time gives a reasonable period to assure that the community placement will work and that the individual's treatment needs are being met.

Pertinent legal reference: Section 222.15, Code of Iowa.

Procedure

The resident's local social worker and the placement facility are contacted to determine if there is any reason why the discharge would not be indicated. If there is no reason, a letter is sent to the resident's parent, guardian or other responsible person notifying the person(s) of the intent to discharge. If the resident is on committed status, this notice also goes to the committing court. If there is concern that the parent, guardian or responsible person will have a question about the discharge, they should be personally contacted and helped to understand the appropriateness of the discharge.

When the parent, guardian or other responsible person responds positively or no response is received within 30 days, a request for discharge is sent to the Division Director.

When the Division Directors approval is received, a letter is sent to the parent, guardian or other responsible person giving notice of

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - DISCHARGE (Cont'd)Discharge From Extended Leave (Cont'd)*Procedure (cont'd)*

the discharge. Copies of the letter also go to the local social worker and, in the case of a committed resident, to the court of commitment.

When a parent, guardian or other responsible person objects within the 30 days, the discharge may be delayed pending further attempts at obtaining approval. If at the end of six months, approval is not obtained, the case will be referred to the Division Director.

Petition for Discharge From Commitment*Policy*

The superintendent shall petition the court for discharge of a committed resident when:

1. The hospital-school determines that the person is not mentally retarded or;
2. The person has improved so as to be capable of self-care.
3. A relative or friend of the person is willing and able to support the person and has requested the resident's discharge and it has been determined no harmful consequences are likely to follow such discharge.
4. He/she can be served better elsewhere and a modification of the order needs to be entered.

Comment

A person should not be held under commitment any longer than necessary. The superintendent has a responsibility to seek discharge from commitment as soon as it is in the best interest of the person.

Pertinent legal reference: Sections 222.42 and 43, Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONMENTALLY RETARDED - DISCHARGE (Cont'd)Court Order*Policy*

Upon receipt of an Order of Discharge or modification of an Order of Commitment, the superintendent shall take what ever action is necessary to implement the Order.

Comment

A petition to discharge a committed person may be filed by that person or any reputable person after six months from the date of commitment. The petition is filed in the court of the county where the hospital-school is located. The superintendent has the responsibility to implement the Order when such an order is rendered.

Pertinent legal references: Sections 222.41, 42, 43, 44, and 45, Code of Iowa.

DEATHS - MENTALLY ILL - MENTALLY RETARDEDNotice Given*Policy*

When a patient of a mental health institute or a hospital-school dies, notice shall be given immediately by telephone to the person's next of kin and the state director.

Comment

Relatives of the person have the right to know of the death and to take whatever action in investigating the death or making funeral arrangements they deem necessary. The policy applies to both inpatients and patients on leave status.

Pertinent legal reference: Sections 222.12 and 226.34, Code of Iowa.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONDEATHS - MENTALLY ILL - MENTALLY RETARDED (Cont'd)Notice By Certified Mail*Policy*

When a patient of a mental health institute or a hospital-school dies, written notice of the death shall be given by certified mail to:

1. The decedent's nearest relative, guardian or other responsible person.
2. The Sheriff of the County of Commitment in the case of an involuntary patient of a mental health institute.
3. In the case of a hospital-school resident, the Clerk of the Court of the County of Commitment stating the facts of death, the time, place and alleged cause and requesting that the facts be entered upon the docket of the court.
4. The board of supervisors of the county of legal settlement in the case of a resident of a hospital-school.

Comment

The Code requires that notice be given by certified mail. This procedure applies to anyone not discharged or separated.

Pertinent legal reference: Sections 222.12 and 226.34, Code of Iowa.

Investigation By Medical Examiner*Policy*

Where the death occurs suddenly or mysteriously or without apparent cause or a condition described in Section 339.6, Code of Iowa, the superintendent shall ask the county medical examiner to investigate the death.

SEPARATIONSMENTAL ILLNESS, SUBSTANCE ABUSE, MENTAL RETARDATIONDEATHS - MENTALLY ILL - MENTALLY RETARDED (Cont'd)Investigation By Medical Examiner (Cont'd)

Comment

An autopsy will be requested in cases where the death was unexpected or there is no apparent reason. The state director can conduct a further investigation also if questions around the circumstances of the death continue. This policy applies to anyone not discharged. The medical examiner makes the final decision on whether to perform an autopsy.

Pertinent legal reference: Sections 222.12, 226.34 and 339.6, Code of Iowa.

Procedure

When next of kin approval of an autopsy is sought, it can be obtained via telephone by the physician certifying death if the call is monitored by a second person who documents the relatives permission or denial and followed up in writing.